

NEWFOUNDLAND AND LABRADOR COLLEGE OF PHYSIOTHERAPISTS

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TO: Newfoundland and Labrador College of Physiotherapists

RE: Cross-Border Physiotherapy :

NAME: _____

Address: _____

Tel.: _____ Fax: _____ E-mail: _____

Services: _____

FROM (Date): _____ **TO (Date):** _____

UNDERTAKING

In consideration of the granting of a Temporary Registration by the College to the undersigned for the purpose of Tele-rehabilitation Services, under the Memorandum of Understanding(MOU) agreement, the undersigned agrees to the following:

1. Will provide proof of registration in the jurisdiction in which currently registered;
2. Will provide proof of malpractice insurance;
3. Will provide time limited physiotherapy services in the province of Newfoundland and Labrador, whose physiotherapy treatment began in your primary jurisdiction.
4. Will pay the prescribed fee of \$120, payable by cheque or money order; for maximum six months _____

Signature of Applicant

Date

(Registrar Signature indicates Approval)

Date